



## **Supplemental Application Data Sheet**

### **Application Information**

Application number::	10/600,747
Filing Date::	06/20/03
Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Title::	MTA1 IS A PREDICTIVE AND PROGNOSTIC FACTOR IN HUMAN BREAST CANCER
Attorney Docket Number::	HO-P02483US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	10
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	Michelle
Middle Name::	D.
Family Name::	Martin
City of Residence::	Nashville
State or Province of Residence::	TN
Country of Residence::	US

Street of mailing address:: 1218 Erin Lane  
City of mailing address:: Nashville  
State or Province of mailing address:: TN  
Postal or Zip Code of mailing address:: 37221

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Peter  
Family Name:: O'Connell  
City of Residence:: Richmond  
State or Province of Residence:: VA  
Country of Residence:: US  
Street of mailing address:: Dept. of Human Genetics  
P. O. Box 980033  
City of mailing address:: Richmond  
State or Province of mailing address:: VA  
Postal or Zip Code of mailing address:: 23298

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: D.  
Middle Name:: Craig  
Family Name:: Allred  
City of Residence:: Houston  
State or Province of Residence:: TX  
Country of Residence:: US  
Street of mailing address:: 4249 Greeley Street  
City of mailing address:: Houston  
State or Province of mailing address:: TX  
Postal or Zip Code of mailing address:: 77006

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Gary  
Family Name:: Clark  
City of Residence:: Boulder  
State or Province of Residence:: CO  
Country of Residence:: US  
Street of mailing address:: 2860 Wilderness Place  
City of mailing address:: Boulder  
State or Province of mailing address:: CO  
Postal or Zip Code of mailing address:: 80301

**Correspondence Information**

Correspondence Customer Number:: 26271

**Representative Information**

Representative Customer Number:: 26271

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Application claiming the benefit under 35 USC 119(e)	60/390,794	06/21/02